

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000059085

Entity Name: TWIN RIVERS ENTERPRISE, INC.

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32277

Current Mailing Address:

3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32211

New Mailing Address:

3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32277

FEI Number: 59-3268123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, CALEB JR
3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

WHITE, CALEB JR
3931 FERN GLEN DRIVE
JACKSONVILLE, FL 32277 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, CALEB JR
Address: 3931 FERN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: HUEY, LOUISE R.A.
Address: 204 W CHURCH ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: O () Delete
Name: WORTHY, WALTER A
Address: 3931 FERN GLEN DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: O () Delete
Name: WHITE, CARMEN A
Address: 14645 MARSH VIEW DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: O (X) Delete
Name: WALKER, FRANK T
Address: PO BOX 8195
City-St-Zip: JACKSONVILLE, FL 32239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, CALEB JR
Address: 3931 FERN GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: TREA (X) Change () Addition
Name: HUEY, LOUISE R.A.
Address: 204 W CHURCH ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP (X) Change () Addition
Name: CLIFTON, SAMUELS R
Address: 1856 COMMODORE POINT DR
City-St-Zip: ORANGE PARK, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALEB WHITE JR

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date